(Revised 06/2012)

**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. DAKOTA PAC PO BOX 3206 ADDRESS (number and street) (Check if address is changed) **BISMARCK** 58502 ND CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2019 C00493072 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. HOBBS, CABELL, , , Type or Print Name of Treasurer HOBBS, CABELL, , , [Electronically Filed] 08 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	•
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segment of the supports of the support	aregated fund or party
(1)	×	committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
DAKOTA PAC		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
Hoeven, John, , ,		
Mailing Address	PO BOX 3206	
	BISMARCK ND 58502  CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative X L	eadership PAC Sponso
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in p	ossession of committee
Nitschke, C	arol, , ,	
Mailing Address	PO Box 3206	
, and the second	_ 	
	Bismarck ND 58502	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the r ssistant treasurer).	name and address of
Full Name HOBBS, Co	ABELL, , ,	
Mailing Address	PO Box 3206	
	BISMARCK	-
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

	1 (Revised 02/2009)	
Full Name of Designated Agent	Nitschke, Carol, , ,	
Mailing Address	PO BOX 3206	
	BISMARCK ND 58502  CITY STATE ZIP	CODE
Title or Position ASSISTANT TRE	EASURER  Telephone number	
safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, holds ac	
Name of Bank, De		
Name of Bank, De	epository, etc.	
Name of Bank, De	BANK OF AMERICA	
Name of Bank, De	BANK OF AMERICA	
Name of Bank, De	BANK OF AMERICA  600 N WASHINGTON ST  ALEXANDRIA  VA 22314	
Name of Bank, De	BANK OF AMERICA  600 N WASHINGTON ST  ALEXANDRIA  CITY  STATE  ZIP	CODE
Name of Bank, De Name of Bank, De Name of Bank, De	BANK OF AMERICA  600 N WASHINGTON ST  ALEXANDRIA  CITY  STATE  ZIP  BB&T BANK	CODE
Name of Bank, De Name of Bank, De Name of Bank, De	BANK OF AMERICA  600 N WASHINGTON ST  ALEXANDRIA  CITY  STATE  ZIP  epository, etc.	CODE
Name of Bank, De Mailing Address  Name of Bank, De	BANK OF AMERICA  600 N WASHINGTON ST  ALEXANDRIA  CITY  STATE  ZIP  BB&T BANK	CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint F	Fundraising Representativ	e, or Leadership PAC Spons
ARK-DAK COMM	11TTEE 		
	901 N WASHINGTON ST SUITE 700		
Mailing Address			
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee  Affiliated Committee  Ty by name, address (phone number – optional	Joint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – options		Ative Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – options	al)	
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional distributions)  CITY	al)  STATE A	
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   Anks or Other Depositor	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION ARRANGE OF Other Deposite afety deposit boxes or marks or Other Deposite afety deposite boxes or other Deposite afety deposite boxes or other Deposite afety d	fy by name, address (phone number – optional limitation of the control of the co	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	fy by name, address (phone number – optional limitation of the control of the co	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	city by name, address (phone number – optional pries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	city by name, address (phone number – optional pries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1	1		
2.		FEC ID number	C
		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Spor
Connecte		Fundraising Representa	ative Leadership PAC Spor
Connecte  Designated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Spor
Connecte  Designated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Spor
Connecte  Designated Agent: Identif	d Organization Affiliated Committee		
Connecte  Designated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spor

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	I Organization, Affiliated Committee, Joint F O19 COMMITTEE	undraising Representativ	e, or Leadership PAC Spon
Mailing Address	228 S WASHINGTON ST STE 115		
Maining / Idanooc			
	ALEXANDRIA	, VA ,	22314
Dalatianahin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number - optiona	,	
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A		ZIP CODE A
Mailing Address	CITY A	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A  cries: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of the control of	CITY A  cries: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  cries: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  cries: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A  cries: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  cries: List all banks or other depositories in w	STATE A Telephone Number	